

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36947

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kew

Primary Registration District No. 1002

City Kansas City, Mo (No. 1002)

St. Ward

File No. 15720

Registered No. 15720

2. FULL NAME HURT, EARL RAYMOND

(a) Residence, No. 425 Parley Drive St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 14 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City, Mo

FATHER

13. NAME

Denver Hurt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clinton, Mo

MOTHER

15. MAIDEN NAME

Ruth M. Cherry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clinton, Mo

17. INFORMANT (ADDRESS)

425 Parley Drive

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clinton, Mo

DATE 10-1 1937

19. UNDERTAKER (ADDRESS)

None

20. FILED

10/31 1937 M. M. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from

10/28, 1937, to 10/31, 1937

I last saw him alive on 10-31, 1937. Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

107a
Marasmus

Other contributory causes of importance:

Bronchopneumonia Primary

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. F. Cledridge, M. D.

(Address) 1002 Mercy Hospital

1002 Mercy Hospital

Carry Home B
July 1922 - 2
J. H. H.

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